

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90079 016 ***158.75

DOCUMENT # P99000001070

1. Entity Name

JUST FOR KID'S PRESCHOOL AND DAYCARE CENTER, INC

Principal Place of Business

**1381 KASS CIRCLE
 SPRING HILL FL 34606**

Mailing Address

**1381 KASS CIRCLE
 SPRING HILL FL 34606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3556081

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOBLE, JAMES T
 11291 COUNTRYWOOD CT.
 SPRING HILL FL 34690**

Name **Glorinicia Santiago**

Street Address (P.O. Box Number is Not Acceptable)
10316 Northcliffe Blvd.

City **Spring Hill**

FL

Zip Code **34608**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Glorinicia Santiago** **Glorinicia Santiago** **VPS** **4-22-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
 NAME **SANTIAGO, NANCY**
 STREET ADDRESS **11331 COUNTRYWOOD CT.**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VPS** ☐ Delete
 NAME **SANTIAGO, GLORINCIA**
 STREET ADDRESS **11331 COUNTRYWOOD CT.**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **VPS** ☒ Change ☐ Addition
 NAME **Glorinicia Santiago**
 STREET ADDRESS **10316 Northcliffe Blvd.**
 CITY-ST-ZIP **Spring Hill, FL. 34608**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
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 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Glorinicia Santiago** **Glorinicia Santiago** **4-22-02** **852/684-6116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)